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Centers for Medicare & Medicaid Services
Center for Beneficiary Choices
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Health Plan Benefits Group

DATE: November 21, 2003

TO: All Medicare-Contracting Managed Care Organizations (MCOs)

FROM: Director, Division of Enrollment and Payment Operations

SUBJECT: 2004 Monthly Membership Data File and Risk Adjustment Model Output Report—Testing Process

The Information In This Letter Applies To All MCOs As Only One Version Of This Report Will Be Available Effective 12/2003. Test files will be available on December 1.

This letter provides instructions for MCOs on how to access and download test versions of the new monthly membership report (MMR) data file format and the new Risk Adjustment Model Output Report (aka HCC Report). You were notified about the expanded format of the MMR in the June 19, 2003 system letter from Gary Bailey and about the new HCC Report in the July 28, 2003 letter from Cynthia Tudor. The beneficiary-level information contained on these reports provides additional data pertaining to the 2004 Risk Adjustment payment process. See the attached record layouts.

Monthly Membership Data File

The risk adjustment payment method is changing for 2004. Details of the new payment method are contained in the Advance Notice of Methodological Changes for Calendar Year (CY) 2004 Medicare+Choice (M+C) Payment Rates, dated March 28, 2003. It is located at the CMS website <http://cms.hhs.gov/healthplans/rates/2004/45day.pdf>.

CMS will be using the CMS/HCC model instead of the PIP-DCG model to produce the risk adjustment factors. This will result in the production of multiple factors per beneficiary. In addition, the blended payment percentages are changing to 70% demographic and 30% risk adjustment. Finally, the use of the lagged risk adjustment factor will be eliminated for most M+COs by mid-2004.

The changes include the following.

- ***The PIP-DCG score is obsolete under the new model.*** It will be replaced by multiple disease groupings; up to 64 are possible for a member. They will be displayed on the HCC Report.
- ***The enhanced CHF payment process ends in 2003.***
- ***The previously disabled ratio reverts to a flag.***

- There will still be a Part A and B risk factor; but ***there will be 3 possible factor types at the beneficiary-level.***
- ***For some demonstration organizations, an MCO-level frailty factor will be included*** in the risk adjustment factors for some of their members.
- ***A field*** has been added to the membership report ***to identify that the payment was based on a lagged factor.***

Four new fields have been added to the MMR and some of the current fields will become obsolete for 2004. The following chart summarizes the report changes.

DISEASE GROUPINGS/PIP-DCG	DISEASE GROUPINGS replace the PIP-DCG but are too numerous to be added to the membership report. This information will be reported to you on the HCC Report. The PIP-DCG will only be populated for pre-2004 adjustments.
CHF FIELDS	All of the CHF fields are obsolete; they will not be populated on any subsequent reports.
PREVIOUS DISABLED RATIO	The RATIO is obsolete as the averaging of the factors based on age no longer will occur. The CMS-HCC model includes this status, as applicable, in the risk adjustment factor provided for the member. The RATIO will be reported on pre-2004 adjustments on the data file version and will be removed from the formatted report version.
RA FACTOR TYPE CODE	There are 3 possible types of factor (expanding to 9 in 2005). Definitions are included below.
PREVIOUS DISABLED FLAG	The FLAG indicates if the risk factor includes this element. The CMS-HCC model includes this status, as applicable, in the risk adjustment factor provided for the member. The FLAG will be reported for post-2003 payments and adjustments.
DEFAULT INDICATOR	Pre-2004, this field was set to Y for members with less than 12 months of Medicare. Effective 1/1/2004, this field will be set to Y if the managed care system lacks a risk adjustment factor and must compute one.
LAG INDICATOR	In mid-2004, risk adjustment factors will be based on Jan-Dec 2003 data. These nonlagged factors will replace the lagged

	factors (lagged is based on Jul02 – Jun03 data) for most M+COs. A Y will be populated when the lagged factors are used. NOTE: This INDICATOR will be set to Y for all M+COs until mid-2004. It will continue to be a Y for M+COs that opt out of using the nonlagged factors.
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RA Factor Type Codes

For 2004, there will be 3 different types; 2 for enrollees with at least 12 months of Medicare and 1 for new enrollees (less than 12 months). In 2005, this will be expanded to 9 different types; 5 for enrollees with at least 12 months of Medicare, 3 for new enrollees (less than 12 months) and 1 that applies to both. The additional factors support the risk adjusted ESRD payment method. Please note that the determination of the community and institutional statuses is based on the information contained in the CMS system - Minimum Data Set (MDS). MDS data is populated by skilled nursing facilities and long-term care facilities. New Enrollee status is based on CMS's Enrollment Data Base.

CODE	NAME	DESCRIPTION	APPLIES TO
C	Community	Beneficiary is not institutionalized or, per MDS, is institutionalized, but for less than 90 days.	Experienced
CP	*Community/Post-Graft	Beneficiary is not institutionalized or, per MDS, is institutionalized, but for less than 90 days. The beneficiary also has had a successful kidney transplant and is no longer dialyzing.	Experienced
D	*Dialysis	Beneficiary is undergoing dialysis treatments.	Experienced
I	Institutional	Per MDS, the beneficiary is institutionalized for 90 or more days. This factor is NOT impacted by institutional transactions submitted by MCOs, this is strictly long-term care as reported in the MDS.	Experienced
IP	*Institutional/Post-Graft	Per MDS, the beneficiary is institutionalized for 90 or more days. This factor is NOT impacted by institutional transactions submitted by MCOs, this is strictly long-term care as reported in the MDS. The	Experienced

		beneficiary also has had a successful kidney transplant and is no longer dialyzing.	
E	New Enrollee	Beneficiary has less than 12 months of Medicare coverage.	New
ED	*New Enrollee/Dialysis	Beneficiary has less than 12 months of Medicare coverage. Beneficiary is undergoing dialysis treatments.	New
EP	*New Enrollee/Post-Graft	Beneficiary has less than 12 months of Medicare coverage. The beneficiary also has had a successful kidney transplant and is no longer dialyzing.	New
G	*Graft	Beneficiary has received a kidney transplant. This factor will be used to compute payment for 3 months. After this 3-month period, the factor reverts to the Dialysis factor (graft unsuccessful) or the Post-Graft factor (graft successful).	Both

*These factor types are related to the risk adjustment ESRD payment process. This process is deferred until 2005 for M+COs. In 2004, they will be used only for computing payments for members of the ESRD Demonstration plans.

The new fields have been added to the Filler at the end of the Data File format. The length remains 200, but the data extends to 194 (from 188 in 2003).

Risk Adjustment Model Output Report (HCC Report)

This report will provide detailed information reflecting the basis for the risk adjustment score reflected in the MMR. Risk scores are calculated using the CMS Hierarchical Condition Category (CMS-HCC) model. The report will provide detailed information on the specific disease groups (called HCCs) and disease interactions triggered for an enrollee.

The Risk Adjustment Model Output Report displays the following information:

- Enrollee identifiers (Health Insurance Claim Numbers (or HICs), name, date of birth)
- Identifies the appropriate sex and age group, as well as other demographic interactions for an individual, (if applicable);
- Reflects the specific disease groups (HCCs) triggered; and
- Reflects disease interactions.

NOTE: Disease hierarchies will not be identified separately. If a hierarchy exists, then only the most severe manifestation in the hierarchy will be displayed on the report.

Example: A beneficiary triggered HCC 7 (Metastatic Cancer and Acute Leukemia) and HCC 9 (Lymphatic, Head and Neck, Brain, and Other Major Cancers). The report will reflect HCC 7, not HCC9

This report is used in conjunction with the MMR and beneficiary-specific information (residence—community vs. institution, Medicaid status, disability, etc.) to verify risk scores.

Test File Data

Data files have been created for your organization to access and download. Your organization will be able to test receipt and processing of the new data on the revised MMR and the HCC Report. **Please note that these test files will contain information that does not reflect a members' true status.** The files were created from data that was used by CMS in the development and testing of the programming changes made to the managed care systems. The purpose of the testing is to validate format only. The MMR files will contain valid HIC #'s. The HCC report files will contain scrambled HIC #'s as the process to assign the beneficiaries to their M +CO for this report will not be activated until late December.

Testing Process

This process will be conducted in a test version of GROUCH. Test files of MMR data and HCC data have been created and are available for each MCO. Use the same procedures that you normally do (per section 6 in the Plan Communications User's Guide) to build the transmit file and download it.

After you connect to the CMS Data Center, press ENTER, select 1 - TSO from the CMS (HCFA) Application Menu screen, login and proceed as follows.

- Type TSO GROUCH TEST on the command line of the ISPF menu.
- At the Report menu, select Monthly Membership or HCC Report and build the transmit file for **01 2004**.
- Go to the TSO READY prompt by pressing F3 and entering =x on the command line of the ISPF menu. Do not proceed with the next step until the READY prompt appears.
- Click on RECEIVE FILES FROM HOST.
- In the HOST FILE NAME block, type (in single quotes) 'XXXX.@BGD5050.R200.DATA' where XXXX = your userid
- In the PC FILE NAME block, type C:\PC FILE NAME (the name the user gives the report)
- Click on OPTIONS and be sure that ASCII and CRLF are typed in the box.
- Click on OK on the FILE TRANSFER OPTIONS.

- The TRANSFER MODE box should read TEXT.
- Click on ADD TO LIST.
- Click one time on the entry in the TRANSFER LIST block.
- Click on RECEIVE.

The user will begin to see the file transfer.

If you do not use GROUCH to download your reports, use the test file names listed below.

OG00.@BGD5050.PLN#####.R012004.HCCMODD

(Where# = contract number)

This file name is for the Risk Adjustment Model Output Report (aka HCC report).

OG00.@BGD5050.PLN#####.R012004.MONMEMD

This file name for the MMR file.

Contact Information

If you have any questions regarding the MMR, please contact the central office staff listed below for the region where your MCO is located.

Boston:	Jacqueline Buise (410)786-7607 Jbuisse@cms.hhs.gov
New York:	Juan Lopez (410)786-7621 Jlopez@cms.hhs.gov
Philadelphia:	James Dorsey (410)786-1143 Jdorsey1@cms.hhs.gov
Atlanta:	Brenda Hicks (410)786-1159 Bhicks2@cms.hhs.gov
Chicago:	Janice Bailey (410)786-7603 Jbailey1@cms.hhs.gov
Dallas:	Joanne Weller (410)786-5111 Jweller@cms.hhs.gov

Kansas City: Gloria Webster
(410)786-7655
Gwebster@cms.hhs.gov

Denver: Luigi Distefano
(410)786-7611
LDistefano@cms.hhs.gov

San Francisco: Ed Howard
(410)786-6368
Ehoward1@cms.hhs.gov

OR

Jim Logan
(410)786-7623
Jlogan@cms.hhs.gov

Seattle: David Evans
(410)786-0412
Devans2@cms.hhs.gov

If you have any questions regarding the HCC Report, please contact Jeff Grant at Jgrant1@cms.hhs.gov.

If you have any questions about the downloading process, please contact your central office technical staff person.

REGION	CONTACT	PHONE #	E-MAIL
I – III - VII	Sarah Brown	410-786-6358	Sbrown1@cms.hhs.gov
IV – VI	Sue Hartman	410-786-6192	Shartman@cms.hhs.gov
VIII – X	Sue Mathis	410-786-6938	Smathis@cms.hhs.gov

Attachments

ATTACHMENT A – MMR DATA FORMAT

#	Field Name	Len	Pos	Description
1	MCO Contract Number	5	1-5	MCO Contract Number
2	Run Date of the File	8	6-13	YYYYMMDD
3	Payment Date	6	14-19	YYYYMM
4	HIC Number	12	20-31	Member's HIC #
5	Surname	7	32-38	
6	First Initial	1	39-39	
7	Sex	1	40-40	M = Male, F = Female
8	Date of Birth	8	41-48	YYYYMMDD
9	Age Group	4	49-52	BBEE BB = Beginning Age EE = Ending Age
10	State & County Code	5	53-57	
11	Out of Area Indicator	1	58-58	Y = Out of Contract-level service area Always Spaces on Adjustment
12	Part A Entitlement	1	59-59	Y = Entitled to Part A
13	Part B Entitlement	1	60-60	Y = Entitled to Part B
	Demographic Health Status Indicators:			
14	Hospice	1	61-61	Y = Hospice
15	ESRD	1	62-62	Y = ESRD
16	Working Aged	1	63-63	Y = Working Aged
17	Institutional	1	64-64	Y = Institutional

#	Field Name	Len	Pos	Description
18	NHC	1	65-65	Y = Nursing Home Certifiable
19	Medicaid	1	66-66	Y = Medicaid Status
	Risk Adjuster Indicators:			
20	FILLER	1	67-67	SPACES
21	Medicaid Indicator	1	68-68	Y = Medicaid Addon
*22	PIP-DCG	2	69-70	PIP-DCG Category - Only on pre-2004 adjustments
• *23	Default Indicator	1	71-71	Y = default RA factor in use <ul style="list-style-type: none"> For pre-2004 adjustments, a “Y” indicates that a new enrollee RA factor is in use For post-2003 payments and adjustments, a “Y” indicates that a default factor was generated by the system due to lack of a RA factor.
• 24	Risk Adjuster Factor A	7	72-78	NN.DDDD
25	Risk Adjuster Factor B	7	79-85	NN.DDDD
•	Fields 26 - 30 applicable to both Demographic and Risk Adjuster:			
26	Number of Paymt/Adjustmt Months Part A	2	86-87	99
27	Number of Paymt/Adjustmt Months Part B	2	88-89	99
• 28	Adjustment Reason Code	2	90-91	99 Always Spaces on Payment
29	Paymt/Adjustmt Start Date	8	92-99	YYYYMMDD
30	Paymt/Adjustmt End Date	8	100-107	YYYYMMDD

#	Field Name	Len	Pos	Description
31	Demographic Paymt/Adjustmt Rate A	9	108-116	-\$\$\$\$\$.99
32	Demographic Paymt/Adjustmt Rate B	9	117-125	-\$\$\$\$\$.99
33	Risk Adjuster Paymt/Adjustmt Rate A	9	126-134	-\$\$\$\$\$.99
34	Risk Adjuster Paymt/Adjustmt Rate B	9	135-143	-\$\$\$\$\$.99
35	Blended Paymt/Adjustmt Rate A	9	144-152	-\$\$\$\$\$.99
36	Blended Paymt/Adjustmt Rate B	9	153-161	-\$\$\$\$\$.99
37	Total Paymt/Adjustmt	9	162-170	-\$\$\$\$\$.99
	Additional Risk Adjuster Indicators:			
*38	FILLER	1	171-171	SPACES
39	Risk Adjuster Age Group (RAAG)	4	172-175	BBEE BB = Beginning Age EE = Ending Age
40	Previous Disable Ratio (PRDIB)	7	176-182	NN.DDDD Percentage of Year (in months) for Previous Disable Add-On – Only on pre- 2004 adjustments
• 41	FILLER	1	183-183	SPACES
42	FILLER	1	184-184	SPACES
43	Plan Benefit Package Id	3	185-187	Plan Benefit Package Id FORMAT 999

#	Field Name	Len	Pos	Description
44	Race Code	1	188-188	Format X Values: 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = N. American Native
*45	RA Factor Type Code	2	• 189-190	Type of factors in use (see Fields 24-25): C = Community CP = Community Post-Graft (ESRD) D = Dialysis (ESRD) E = New Enrollee ED = New Enrollee Dialysis (ESRD) EP = New Enrollee Post-Graft (ESRD) G = Graft (ESRD) I = Institutional IP = Institutional Post-Graft (ESRD)
*46	Frailty Indicator	1	191-191	Y = MCO-level Frailty Factor Included
• *47	Previously Disabled Indicator	1	192-192	Y = Previously Disabled – Only on post-2003 payments/adjustments
*48	Lag Indicator	1	193-193	Y = Encounter data used to calculate RA factor lags payment year by 6 months
• *49	Reserved for Future Use	1	194-194	
• *50	FILLER	6	195-200	Spaces

ATTACHMENT B: HCC Data Layout

Field #	Field Name	COBOL Name	Data Type	Strt Pos	End Pos	Field Length	Comment	Field Description
1	Health Insurance Claim Account Number	BENE_CAN	Char(12)	1	12	12	Also known as HICAN	This is the Health Insurance Claim Account Number (known as HICAN) identifying the primary Medicare Beneficiary under the SSA or RRB programs. The HICAN consist of Beneficiary Claim Number (BENE_CAN_NUM) along with the Beneficiary Identification Code (BIC_CD) uniquely identifies a Medicare Beneficiary. For the RRB program, the claim account number is a 12 bytes account number.
2	Beneficiary Last Name	BENE_LST_NM	Char(12)	13	24	12	First 12 bytes of the Bene last name	Beneficiary Last Name
3	Beneficiary First Name	BENE_1ST_NM	Char(7)	25	31	7	First 7 bytes of the bene first name	Beneficiary First Name
4	Beneficiary Initial	BENE_INIT	Char(1)	32	32	1	1 byte initial	Beneficiary Initial
5	Date of Birth	BENE_DOB	Char(8)	33	40	8	Format as yyyymmdd	The date of birth of the Medicare Beneficiary
6	Sex	BENE_SEX	Char(1)	41	41	1	0=unknown, 1=male, 2=female	Represents the sex of the Medicare Beneficiary. Examples include Male and Female.
7	Social Security Number	BENE_SSN	Char(9)	42	50	9	Also known as SSN_NUM	The beneficiary's current identification number that was assigned by the Social Security Administration.
8	Age Group Female0_34	AGE_GRP_F_0034	Char(1)	51	51	1	Set to "1" if existed, otherwise "0"	The sex and age group for the beneficiary base on a given as of date. Female between age of 0 through 34.
9	Age Group Female35_44	AGE_GRP_F_3544	Char(1)	52	52	1	Set to "1" if existed, otherwise "0"	The sex and age group for the beneficiary base on a given as of date. Female between age of 35 through 44.
10	Age Group Female45_54	AGE_GRP_F_4554	Char(1)	53	53	1	Set to "1" if existed, otherwise "0"	The sex and age group for the beneficiary base on a given as of date. Female between age of 45 through 54.

11	Age Group Female55_59	AGE_GRP_F_5559	Char(1)	54	54	1	Set to "1" if existed, otherwise "0"	The sex and age group for the beneficiary base on a given as of date. Female between age of 55 through 59.
12	Age Group Female60_64	AGE_GRP_F_6064	Char(1)	55	55	1	Set to "1" if existed, otherwise "0"	The sex and age group for the beneficiary base on a given as of date. Female between age of 60 through 64.
13	Age Group Female65_69	AGE_GRP_F_6569	Char(1)	56	56	1	Set to "1" if existed, otherwise "0"	The sex and age group for the beneficiary base on a given as of date. Female between age of 65 through 69.
14	Age Group Female70_74	AGE_GRP_F_7074	Char(1)	57	57	1	Set to "1" if existed, otherwise "0"	The sex and age group for the beneficiary base on a given as of date. Female between age of 70 through 74.
15	Age Group Female75_79	AGE_GRP_F_7579	Char(1)	58	58	1	Set to "1" if existed, otherwise "0"	The sex and age group for the beneficiary base on a given as of date. Female between age of 75 through 79.
16	Age Group Female80_84	AGE_GRP_F_8084	Char(1)	59	59	1	Set to "1" if existed, otherwise "0"	The sex and age group for the beneficiary base on a given as of date. Female between age of 80 through 84.
17	Age Group Female85_89	AGE_GRP_F_8589	Char(1)	60	60	1	Set to "1" if existed, otherwise "0"	The sex and age group for the beneficiary base on a given as of date. Female between age of 85 through 89.
18	Age Group Female90_94	AGE_GRP_F_9094	Char(1)	61	61	1	Set to "1" if existed, otherwise "0"	The sex and age group for the beneficiary base on a given as of date. Female between age of 90 through 94.
19	Age Group Female95_GT	AGE_GRP_F_95GT	Char(1)	62	62	1	Set to "1" if existed, otherwise "0"	The sex and age group for the beneficiary base on a given as of date. Female between age of 95 and greater.
20	Age Group Male0_34	AGE_GRP_M_0034	Char(1)	63	63	1	Set to "1" if existed, otherwise "0"	The sex and age group for the beneficiary base on a given as of date. Male between age of 0 through 34.
21	Age Group Male35_44	AGE_GRP_M_3544	Char(1)	64	64	1	Set to "1" if existed, otherwise "0"	The sex and age group for the beneficiary base on a given as of date. Male between age of 35 through 44.
22	Age Group Male45_54	AGE_GRP_M_4554	Char(1)	65	65	1	Set to "1" if existed, otherwise "0"	The sex and age group for the beneficiary base on a given as of date. Male between age of 45 through 54.
23	Age Group Male55_59	AGE_GRP_M_5559	Char(1)	66	66	1	Set to "1" if existed, otherwise "0"	The sex and age group for the beneficiary base on a given as of date. Male between age of 55 through 59.

24	Age Group Male60_64	AGE_GRP_M_6064	Char(1)	67	67	1	Set to "1" if existed, otherwise "0"	The sex and age group for the beneficiary base on a given as of date. Male between age of 60 through 64.
25	Age Group Male65_69	AGE_GRP_M_6569	Char(1)	68	68	1	Set to "1" if existed, otherwise "0"	The sex and age group for the beneficiary base on a given as of date. Male between age of 65 through 69.
26	Age Group Male70_74	AGE_GRP_M_7074	Char(1)	69	69	1	Set to "1" if existed, otherwise "0"	The sex and age group for the beneficiary base on a given as of date. Male between age of 70 through 74.
27	Age Group Male75_79	AGE_GRP_M_7579	Char(1)	70	70	1	Set to "1" if existed, otherwise "0"	The sex and age group for the beneficiary base on a given as of date. Male between age of 75 through 79.
28	Age Group Male80_84	AGE_GRP_M_8084	Char(1)	71	71	1	Set to "1" if existed, otherwise "0"	The sex and age group for the beneficiary base on a given as of date. Male between age of 80 through 84.
29	Age Group Male85_89	AGE_GRP_M_8589	Char(1)	72	72	1	Set to "1" if existed, otherwise "0"	The sex and age group for the beneficiary base on a given as of date. Male between age of 85 through 89.
30	Age Group Male90_94	AGE_GRP_M_9094	Char(1)	73	73	1	Set to "1" if existed, otherwise "0"	The sex and age group for the beneficiary base on a given as of date. Male between age of 90 through 94.
31	Age Group Male95_GT	AGE_GRP_M_95GT	Char(1)	74	74	1	Set to "1" if existed, otherwise "0"	The sex and age group for the beneficiary base on a given as of date. Male between age of 95 and greater.
32	Medicaid Female Disabled	MDCD_INTRCTN_F_DSBLD	Char(1)	75	75	1	Set to "1" if existed, otherwise "0"	Beneficiary is a female disabled and also entitled to Medicaid.
33	Medicaid Female Aged	MDCD_INTRCTN_F_AGED	Char(1)	76	76	1	Set to "1" if existed, otherwise "0"	Beneficiary is a female aged (> 64) and also entitled to Medicaid.
34	Medicaid Male Disabled	MDCD_INTRCTN_M_DSBLD	Char(1)	77	77	1	Set to "1" if existed, otherwise "0"	Beneficiary is a male disabled and also entitled to Medicaid.
35	Medicaid Male Aged	MDCD_INTRCTN_M_AGED	Char(1)	78	78	1	Set to "1" if existed, otherwise "0"	Beneficiary is a male aged (> 64) and also entitled to Medicaid.
36	Originally Disabled Female	MDCD_ORG_DSBLD_F	Char(1)	79	79	1	Set to "1" if existed, otherwise "0"	Beneficiary is a female and original Medicare entitlement was due to disability.

37	Originally Disabled Male	MDCD_ORG_DSBLD_M	Char(1)	80	80	1	Set to "1" if existed, otherwise "0"	Beneficiary is a male and original Medicare entitlement was due to disability.
38	Disease Coefficients HCC1	DISEASE_CFCNT_HCC1	Char(1)	81	81	1	Set to "1" if existed, otherwise "0"	HIV/AIDS
39	Disease Coefficients HCC2	DISEASE_CFCNT_HCC2	Char(1)	82	82	1	Set to "1" if existed, otherwise "0"	Septicemia/Shock
40	Disease Coefficients HCC5	DISEASE_CFCNT_HCC5	Char(1)	83	83	1	Set to "1" if existed, otherwise "0"	Opportunistic Infections
41	Disease Coefficients HCC7	DISEASE_CFCNT_HCC7	Char(1)	84	84	1	Set to "1" if existed, otherwise "0"	Metastatic Cancer and Acute Leukemia
42	Disease Coefficients HCC8	DISEASE_CFCNT_HCC8	Char(1)	85	85	1	Set to "1" if existed, otherwise "0"	Lung, Upper Digestive Tract, and Other Severe Cancers
43	Disease Coefficients HCC9	DISEASE_CFCNT_HCC9	Char(1)	86	86	1	Set to "1" if existed, otherwise "0"	Lymphatic, Head and Neck, Brain, and Other Major Cancers
44	Disease Coefficients HCC10	DISEASE_CFCNT_HCC10	Char(1)	87	87	1	Set to "1" if existed, otherwise "0"	Breast, Prostate, Colorectal and Other Cancers and Tumors
45	Disease Coefficients HCC15	DISEASE_CFCNT_HCC15	Char(1)	88	88	1	Set to "1" if existed, otherwise "0"	Diabetes with Renal or Peripheral Circulatory Manifestation
46	Disease Coefficients HCC16	DISEASE_CFCNT_HCC16	Char(1)	89	89	1	Set to "1" if existed, otherwise "0"	Diabetes with Neurologic or Other Specified Manifestation
47	Disease Coefficients HCC17	DISEASE_CFCNT_HCC17	Char(1)	90	90	1	Set to "1" if existed, otherwise "0"	Diabetes with Acute Complications
48	Disease Coefficients HCC18	DISEASE_CFCNT_HCC18	Char(1)	91	91	1	Set to "1" if existed, otherwise "0"	Diabetes with Ophthalmologic or Unspecified Manifestation
49	Disease Coefficients HCC19	DISEASE_CFCNT_HCC19	Char(1)	92	92	1	Set to "1" if existed, otherwise "0"	Diabetes without Complication

50	Disease Coefficients HCC21	DISEASE_CFCNT_H CC21	Char(1)	93	93	1	Set to "1" if existed, otherwise "0"	Protein-Calorie Malnutrition
51	Disease Coefficients HCC25	DISEASE_CFCNT_H CC25	Char(1)	94	94	1	Set to "1" if existed, otherwise "0"	End-Stage Liver Disease
52	Disease Coefficients HCC26	DISEASE_CFCNT_H CC26	Char(1)	95	95	1	Set to "1" if existed, otherwise "0"	Cirrhosis of Liver
53	Disease Coefficients HCC27	DISEASE_CFCNT_H CC27	Char(1)	96	96	1	Set to "1" if existed, otherwise "0"	Chronic Hepatitis
54	Disease Coefficients HCC31	DISEASE_CFCNT_H CC31	Char(1)	97	97	1	Set to "1" if existed, otherwise "0"	Intestinal Obstruction/Perforation
55	Disease Coefficients HCC32	DISEASE_CFCNT_H CC32	Char(1)	98	98	1	Set to "1" if existed, otherwise "0"	Pancreatic Disease
56	Disease Coefficients HCC33	DISEASE_CFCNT_H CC33	Char(1)	99	99	1	Set to "1" if existed, otherwise "0"	Inflammatory Bowel Disease
57	Disease Coefficients HCC37	DISEASE_CFCNT_H CC37	Char(1)	100	100	1	Set to "1" if existed, otherwise "0"	Bone/Joint/Muscle Infections/Necrosis
58	Disease Coefficients HCC38	DISEASE_CFCNT_H CC38	Char(1)	101	101	1	Set to "1" if existed, otherwise "0"	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease
59	Disease Coefficients HCC44	DISEASE_CFCNT_H CC44	Char(1)	102	102	1	Set to "1" if existed, otherwise "0"	Severe Hematological Disorders
60	Disease Coefficients HCC45	DISEASE_CFCNT_H CC45	Char(1)	103	103	1	Set to "1" if existed, otherwise "0"	Disorders of Immunity
61	Disease Coefficients HCC51	DISEASE_CFCNT_H CC51	Char(1)	104	104	1	Set to "1" if existed, otherwise "0"	Drug/Alcohol Psychosis
62	Disease Coefficients HCC52	DISEASE_CFCNT_H CC52	Char(1)	105	105	1	Set to "1" if existed, otherwise "0"	Drug/Alcohol Dependence

63	Disease Coefficients HCC54	DISEASE_CFCNT_H CC54	Char(1)	106	106	1	Set to "1" if existed, otherwise "0"	Schizophrenia
64	Disease Coefficients HCC55	DISEASE_CFCNT_H CC55	Char(1)	107	107	1	Set to "1" if existed, otherwise "0"	Major Depressive, Bipolar, and Paranoid Disorders
65	Disease Coefficients HCC67	DISEASE_CFCNT_H CC67	Char(1)	108	108	1	Set to "1" if existed, otherwise "0"	Quadriplegia, Other Extensive Paralysis
66	Disease Coefficients HCC68	DISEASE_CFCNT_H CC68	Char(1)	109	109	1	Set to "1" if existed, otherwise "0"	Paraplegia
67	Disease Coefficients HCC69	DISEASE_CFCNT_H CC69	Char(1)	110	110	1	Set to "1" if existed, otherwise "0"	Spinal Cord Disorders/Injuries
68	Disease Coefficients HCC70	DISEASE_CFCNT_H CC70	Char(1)	111	111	1	Set to "1" if existed, otherwise "0"	Muscular Dystrophy
69	Disease Coefficients HCC71	DISEASE_CFCNT_H CC71	Char(1)	112	112	1	Set to "1" if existed, otherwise "0"	Polyneuropathy
70	Disease Coefficients HCC72	DISEASE_CFCNT_H CC72	Char(1)	113	113	1	Set to "1" if existed, otherwise "0"	Multiple Sclerosis
71	Disease Coefficients HCC73	DISEASE_CFCNT_H CC73	Char(1)	114	114	1	Set to "1" if existed, otherwise "0"	Parkinsons and Huntingtons Diseases
72	Disease Coefficients HCC74	DISEASE_CFCNT_H CC74	Char(1)	115	115	1	Set to "1" if existed, otherwise "0"	Seizure Disorders and Convulsions
73	Disease Coefficients HCC75	DISEASE_CFCNT_H CC75	Char(1)	116	116	1	Set to "1" if existed, otherwise "0"	Coma, Brain Compression/Anoxic Damage
74	Disease Coefficients HCC77	DISEASE_CFCNT_H CC77	Char(1)	117	117	1	Set to "1" if existed, otherwise "0"	Respirator Dependence/Tracheostomy Status
75	Disease Coefficients HCC78	DISEASE_CFCNT_H CC78	Char(1)	118	118	1	Set to "1" if existed, otherwise "0"	Respiratory Arrest

76	Disease Coefficients HCC79	DISEASE_CFCNT_H CC79	Char(1)	119	119	1	Set to "1" if existed, otherwise "0"	Cardio-Respiratory Failure and Shock
77	Disease Coefficients HCC80	DISEASE_CFCNT_H CC80	Char(1)	120	120	1	Set to "1" if existed, otherwise "0"	Congestive Heart Failure
78	Disease Coefficients HCC81	DISEASE_CFCNT_H CC81	Char(1)	121	121	1	Set to "1" if existed, otherwise "0"	Acute Myocardial Infarction
79	Disease Coefficients HCC82	DISEASE_CFCNT_H CC82	Char(1)	122	122	1	Set to "1" if existed, otherwise "0"	Unstable Angina and Other Acute Ischemic Heart Disease
80	Disease Coefficients HCC83	DISEASE_CFCNT_H CC83	Char(1)	123	123	1	Set to "1" if existed, otherwise "0"	Angina Pectoris/Old Myocardial Infarction
81	Disease Coefficients HCC92	DISEASE_CFCNT_H CC92	Char(1)	124	124	1	Set to "1" if existed, otherwise "0"	Specified Heart Arrhythmias
82	Disease Coefficients HCC95	DISEASE_CFCNT_H CC95	Char(1)	125	125	1	Set to "1" if existed, otherwise "0"	Cerebral Hemorrhage
83	Disease Coefficients HCC96	DISEASE_CFCNT_H CC96	Char(1)	126	126	1	Set to "1" if existed, otherwise "0"	Ischemic or Unspecified Stroke
84	Disease Coefficients HCC100	DISEASE_CFCNT_H CC100	Char(1)	127	127	1	Set to "1" if existed, otherwise "0"	Hemiplegia/Hemiparesis
85	Disease Coefficients HCC101	DISEASE_CFCNT_H CC101	Char(1)	128	128	1	Set to "1" if existed, otherwise "0"	Cerebral Palsy and Other Paralytic Syndromes
86	Disease Coefficients HCC104	DISEASE_CFCNT_H CC104	Char(1)	129	129	1	Set to "1" if existed, otherwise "0"	Vascular Disease with Complications
87	Disease Coefficients HCC105	DISEASE_CFCNT_H CC105	Char(1)	130	130	1	Set to "1" if existed, otherwise "0"	Vascular Disease
88	Disease Coefficients HCC107	DISEASE_CFCNT_H CC107	Char(1)	131	131	1	Set to "1" if existed, otherwise "0"	Cystic Fibrosis

89	Disease Coefficients HCC108	DISEASE_CFCNT_H CC108	Char(1)	132	132	1	Set to "1" if existed, otherwise "0"	Chronic Obstructive Pulmonary Disease
90	Disease Coefficients HCC111	DISEASE_CFCNT_H CC111	Char(1)	133	133	1	Set to "1" if existed, otherwise "0"	Aspiration and Specified Bacterial Pneumonias
91	Disease Coefficients HCC112	DISEASE_CFCNT_H CC112	Char(1)	134	134	1	Set to "1" if existed, otherwise "0"	Pneumococcal Pneumonia, Empyema, Lung Abscess
92	Disease Coefficients HCC119	DISEASE_CFCNT_H CC119	Char(1)	135	135	1	Set to "1" if existed, otherwise "0"	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage
93	Disease Coefficients HCC130	DISEASE_CFCNT_H CC130	Char(1)	136	136	1	Set to "1" if existed, otherwise "0"	Dialysis Status
94	Disease Coefficients HCC131	DISEASE_CFCNT_H CC131	Char(1)	137	137	1	Set to "1" if existed, otherwise "0"	Renal Failure
95	Disease Coefficients HCC132	DISEASE_CFCNT_H CC132	Char(1)	138	138	1	Set to "1" if existed, otherwise "0"	Nephritis
96	Disease Coefficients HCC148	DISEASE_CFCNT_H CC148	Char(1)	139	139	1	Set to "1" if existed, otherwise "0"	Decubitus Ulcer of Skin
97	Disease Coefficients HCC149	DISEASE_CFCNT_H CC149	Char(1)	140	140	1	Set to "1" if existed, otherwise "0"	Chronic Ulcer of Skin, Except Decubitus
98	Disease Coefficients HCC150	DISEASE_CFCNT_H CC150	Char(1)	141	141	1	Set to "1" if existed, otherwise "0"	Extensive Third-Degree Burns
99	Disease Coefficients HCC154	DISEASE_CFCNT_H CC154	Char(1)	142	142	1	Set to "1" if existed, otherwise "0"	Severe Head Injury
100	Disease Coefficients HCC155	DISEASE_CFCNT_H CC155	Char(1)	143	143	1	Set to "1" if existed, otherwise "0"	Major Head Injury
101	Disease Coefficients HCC157	DISEASE_CFCNT_H CC157	Char(1)	144	144	1	Set to "1" if existed, otherwise "0"	Vertebral Fractures without Spinal Cord Injury

102	Disease Coefficients HCC158	DISEASE_CFCNT_H CC158	Char(1)	145	145	1	Set to "1" if existed, otherwise "0"	Hip Fracture/Dislocation
103	Disease Coefficients HCC161	DISEASE_CFCNT_H CC161	Char(1)	146	146	1	Set to "1" if existed, otherwise "0"	Traumatic Amputation
104	Disease Coefficients HCC164	DISEASE_CFCNT_H CC164	Char(1)	147	147	1	Set to "1" if existed, otherwise "0"	Major Complications of Medical Care and Trauma
105	Disease Coefficients HCC174	DISEASE_CFCNT_H CC174	Char(1)	148	148	1	Set to "1" if existed, otherwise "0"	Major Organ Transplant Status
106	Disease Coefficients HCC176	DISEASE_CFCNT_H CC176	Char(1)	149	149	1	Set to "1" if existed, otherwise "0"	Artificial Openings for Feeding or Elimination
107	Disease Coefficients HCC177	DISEASE_CFCNT_H CC177	Char(1)	150	150	1	Set to "1" if existed, otherwise "0"	Amputation Status, Lower Limb/Amputation Complications
108	Disabled Disease HCC5	DSBLD_DISEASE_H CC5	Char(1)	151	151	1	Set to "1" if existed, otherwise "0"	Disabled*Opportunistic Infections
109	Disabled Disease HCC44	DSBLD_DISEASE_H CC44	Char(1)	152	152	1	Set to "1" if existed, otherwise "0"	Disabled*Severe Hematological Disorders
110	Disabled Disease HCC51	DSBLD_DISEASE_H CC51	Char(1)	153	153	1	Set to "1" if existed, otherwise "0"	Disabled*Drug/Alcohol Psychosis
111	Disabled Disease HCC52	DSBLD_DISEASE_H CC52	Char(1)	154	154	1	Set to "1" if existed, otherwise "0"	Disabled*Drug/Alcohol Dependence
112	Disabled Disease HCC107	DSBLD_DISEASE_H CC107	Char(1)	155	155	1	Set to "1" if existed, otherwise "0"	Disabled*Cystic Fibrosis
113	Disease Interactions INT1	DISEASE_INTRCTN _INT1	Char(1)	156	156	1	Set to "1" if existed, otherwise "0"	DM_CHF
114	Disease Interactions INT2	DISEASE_INTRCTN _INT2	Char(1)	157	157	1	Set to "1" if existed, otherwise "0"	DM_CVD

115	Disease Interactions INT3	DISEASE_INTRCTN_INT3	Char(1)	158	158	1	Set to "1" if existed, otherwise "0"	CHF_COPD
116	Disease Interactions INT4	DISEASE_INTRCTN_INT4	Char(1)	159	159	1	Set to "1" if existed, otherwise "0"	COPD_CVD_CAD
117	Disease Interactions INT5	DISEASE_INTRCTN_INT5	Char(1)	160	160	1	Set to "1" if existed, otherwise "0"	RF_CHF
118	Disease Interactions INT6	DISEASE_INTRCTN_INT6	Char(1)	161	161	1	Set to "1" if existed, otherwise "0"	RF_CHF_DM
					Total	161		

Contract File Header (For each contract)

Field #	Field Name	COBOL Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
1	Contract Number	CNTRCT_NUM	Char(5)	1	5	5	Also known as MCO plan number	Unique identification for a Managed Care Organization (MCO) enabling the MCO to provide coverage to eligible beneficiaries.
2	Run Date	Filler	Char(8)	6	13	8	Format as yyyymmdd	The run date when this file was created.
3	Payment Year and Month	RPT_RUN_DT	Char(6)	14	19	6	Format as yyyymm	This identifies the risk adjustment payment year and month for the model run.
4	Filler	Filler	Char(142)	20	161	142	Spaces	
					Total	161		

Contract File Trailer (One per file)

Field #	Field Name	COBOL Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
1	Contract Number	CNTRCT_NUM	Char(5)	1	5	5	Also known as MCO plan number	Unique identification for a Managed Care Organization (MCO) enabling the MCO to provide coverage to eligible beneficiaries.

2	Total Record Count	TOT_REC_CNT	Dec(9,0)	6	10	5	Include all header and trailer records	
3	Filler	Filler	Char(151)	11	161	151	Spaces	
					Total	161		